

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000047683 (4)**

1. Corporation Name  
**TRANSPORT SERVICES, INC.**



Principal Place of Business <b>2260 N.E. 42ND STREET OCALA FL 34479</b>	Mailing Address <b>2260 N.E. 42ND STREET OCALA FL 34479-8912</b>
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2. Principal Place of Business <b>21 11090 S.E. 132nd Place</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. Box 657</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/09/1995</b>	3a. Date of Last Report <b>04/18/1996</b>
22 City & State <b>23 Ocklawaha, FL</b>		27 City & State <b>28 Belleview, FL</b>		4. FEI Number <b>59-3321837</b>	Applied For Not Applicable
24 Zip <b>32179</b>		25 Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 34421-0657		30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Name and Address of Current Registered Agent <b>HERBERT, MARY A 2260 N.E. 42ND STREET OCALA FL 34479</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent <b>HERBERT, MARY A 2260 N.E. 42ND STREET OCALA FL 34479</b>		10. Name and Address of New Registered Agent <b>81 Name Nancy A. Herbert</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 11090 S.E. 132nd Place</b> <b>83</b> <b>84 City Ocklawaha, FL 85 Zip Code 32179</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Nancy A. Herbert* DATE *2/21/97*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	11 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HERBERT, ROBERT E JR</b>		12 NAME <b>CHERYL LONGFELLOW</b>	
STREET ADDRESS <b>2260 N.E. 42ND ST.</b>		13 STREET ADDRESS <b>13285 SE 46th Court</b>	
CITY-ST-ZIP <b>OCALA FL 34479</b>		14 CITY-ST-ZIP <b>Belleview, FL 34420</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HERBERT, MARY A</b>		22 NAME	
STREET ADDRESS <b>2260 N.E. 42ND ST.</b>		23 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL 34479</b>		24 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	31 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HERBERT, MARY A</b>		32 NAME <b>HERBERT, MARY A.</b>	
STREET ADDRESS <b>P.O. BOX 1007</b>		33 STREET ADDRESS <b>11090 S.E. 132nd Place</b>	
CITY-ST-ZIP <b>SILVER SPRINGS FL 34488</b>		34 CITY-ST-ZIP <b>OCKLAWAHA, FL 32179</b>	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cheryl Longfellow* DATE: *2/7/97* 352-288-5343  
SIGNED: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)